#L05000120987

Florida Department of State
Division of Corporations
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To: Ms. M^c Knight
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Fax Number : (850)617-6383

From:
Account Name : HILL WARD HENDERSON
Account Number : 072100000520
Phone : (813)221-3900
Fax Number : (813)221-2900

LLC REVOCATION OF DISSOLUTION
COMMUNITY ASSOCIATION GROUP INSURANCE, LLC

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$68.75

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K. SALY
EXAMINER
AUG 31 2012

May 10, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMMUNITY ASSOCIATION GROUP INSURANCE, LLC
4010 W. BOYSCOUT BLVD.
SUITE 200
TAMPA, FL 33607US

SUBJECT: COMMUNITY ASSOCIATION GROUP INSURANCE, LLC
REF: L05000120987

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H12000127154
Letter Number: 812A00013983

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August 30, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMMUNITY ASSOCIATION GROUP INSURANCE, LLC
4010 W. BOYSCOUT BLVD.
SUITE 200
TAMPA, FL 33607US

SUBJECT: COMMUNITY ASSOCIATION GROUP INSURANCE, LLC
REF: L05000120987

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The total amount due is $668.75.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Registration/Qualification Section
Division of Corporations Letter Number: 612A00022146

Per your online help department, Pleare give to Ms. McKnight who has to manually take the money from our online account. Thanks, Laura Coe (813) 222-8712.

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TALLAHASSEE, FLORIDA

ARTICLES OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1. The name of the company is Community Association Group Insurance, LLC

2. The document number of the company is L05000120987.

3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was January 10, 2012.

4. The revocation of dissolution was authorized in the same manner as the dissolution on May 8, 2012.

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature	Typed or Printed Name
	Baldwin Krystyn Sherman Partners, LLC

Filing Fee: $100.00

CR2E097 (8/05)

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2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000120987

1. Entity Name
COMMUNITY ASSOCIATION GROUP INSURANCE, LLC

KS

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TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4010 W. BOYSCOUT BLVD. SUITE 200 TAMPA, FL 33607 US	4010 W. BOYSCOUT BLVD. SUITE 200 TAMPA, FL 33607 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

05142012 Chg-LLC CR2E063 (12/11)

4. FEI Number
26-1730049

Applied For / Not Applicable

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALDWIN, L. LOWRY 4010 W. BOYSCOUT BLVD. SUITE 200 TAMPA, FL 33607	Name: Rich Caulley Street Address (P.O. Box Number is Not Acceptable): 600 Cleveland Street Suite 600 City: Clearwater FL Zip Code: 33755

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 8/24/12
Signature of new registered agent (if applicable) — Date

FILE NOW!! FEE IS $535.75
Due by September 29, 2012

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Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KRYSTYN, ELIZABETH H 4010 W BOYSCOUT BLVD TAMPA, FL 33607 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BALDWIN, L. LOWRY 4010 W BOYSCOUT BLVD STE 200 TAMPA, FL 33607 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR John Connelly 600 Cleveland St. Suite 600 Clearwater, FL 33755 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the applicant or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: [signature] 8/24/12 RCAULLEY@CCFNINSURANCE.com
SIGNATURE AND TYPED OR PRINTED NAME OF ENTITY MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — EMAIL ADDRESS

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